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State Form 45882 (R2/2-08)

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TO:	The _____ County Department of Child Services.
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I hereby acknowledge receiving a supply of official Department of Child Services prescribed receipts with beginning and ending consecutive numbers indicated below:

Beginning number	Ending number	Check one: <input type="checkbox"/> 37 <input type="checkbox"/> 37A <input type="checkbox"/> FS3 State Form
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Signature of sending agency employee		Date signed	
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